

Passport to the Future Teacher Workshop

Denver, CO • 2-5 August 2009

Sponsored by:

LOCKHEED MARTIN



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NATIONAL
INSTITUTE OF
AEROSPACE



The World's Future for Aerospace Leadership

SPEAKERS REGISTRATION FORM (or register online at www.aiaa.org)

1 All registrants please complete the information below.

First Name	M.I.	Last Name
Organization/School Name		
Address		
City	State	ZIP/Postal Code
E-mail Address		Daytime Phone Number
Fax Number (include country code)		Job Title

2 Select your registration options below. Payment by check, credit card, or money order—payable to AIAA—must accompany registration.

REGISTRATION OPTIONS	
Before 23 June 2009	After 23 June 2009/On-site
<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
Two-Day Workshop: Registration includes CEUs, all Passport to the Future Workshop sessions, CD of all session presentations, tour of JPC Exhibit Hall, and Monday Evening Educator Event.	

ADDITIONAL TICKETS	
Awards Luncheon	
<input type="checkbox"/> \$40	No. of Tickets _____
Tuesday off-site	
<input type="checkbox"/> \$35	No. of Tickets _____

TOTAL DUE: \$ _____
Tickets must be purchased by 6 July 2009 to ensure availability.

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3 AIAA MEMBERSHIP: Registration fees for this event include Educator Associate Membership for K-12 educators for one year. Included in your AIAA membership will be periodic communications about AIAA Educator Associate benefits, products, and services. From time to time, we make member information available to companies whose products or services may be of interest to you. ☐ Check here if you prefer not to have your name and address used for non-AIAA mailings.

Signature _____ Date _____

☐ Check here if you are renewing or reinstating your membership.

4 RETURN FORM TO:

- For fastest, easiest sign-up, register online at: www.aiaa.org
- BY MAIL:** return this completed form with payment to:
AIAA/Conferences & Meetings
P.O. Box 79240
Baltimore, MD 21279-0420
- BY FAX:** send the completed form with credit card payment to: 703.264.7657

Registration forms must be received by **23 June 2009** to receive pre-registration rate. Registration forms cannot be processed without full payment.

5 ☐ Check here if you need to make special arrangements due to disability. Attach requirements on a separate sheet of paper.

6 FORM OF PAYMENT

AIAA Member Number: _____

- | | | |
|---|--|---|
| <input type="checkbox"/> Purchase Order | <input type="checkbox"/> Travelers Check | <input type="checkbox"/> American Express |
| <input type="checkbox"/> Check | <input type="checkbox"/> VISA | <input type="checkbox"/> Diners Club |
| <input type="checkbox"/> Wire Transfer | <input type="checkbox"/> MasterCard | |

Credit Card Number:

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Expiration Date: _____Month _____Year

Signature: _____

FOR AIAA USE ONLY

Rec'd by _____

Date processed _____

Amount rec'd _____

For more information, please contact AIAA at 1.800.639.AIAA • Fax registration form to 703.264.7657